SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 18 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio National Financial Services Polit	e name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Haverkamp Mailing Address 10439 Rachel Anne C City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Ohio National Financial Servic Receipt For: Primary General Other (specify)	State OH C Occupation Senior VF	Zip Code 45241 D & General Counsel Year-to-Date ▼ 4000.00	Date of Receipt M
Full Name (Last, First, Middle Initial) James Miller Mailing Address 9028 Symmes Ridge City Loveland FEC ID number of contributing federal political committee. Name of Employer Ohio National Financial Servic Receipt For: Primary General Other (specify)	State OH C Occupation Senior VF	Zip Code 45140 P, Life Product Managemen Year-to-Date 261.00	Date of Receipt M M D D 2 0 0 8
Full Name (Last, First, Middle Initial) Leigh Morgan Mailing Address 8128 Thicket Lane City Cincinnati FEC ID number of contributing federal political committee. Name of Employer The Ohio National Life Insuran Receipt For: Primary General Other (specify)	, '	Zip Code 45255 VP, Internal Audit Year-to-Date ▼ 275.00	Date of Receipt M M Z Z 7 Z 0 0 8 Transaction ID: SA11AI.4316 Amount of Each Receipt this Period 275.00 check
SUBTOTAL of Receipts This Page (optional)			4536.00